WRMA
Walter R. McDonald & Associates, Inc.

FINDINGS FROM THE

SERVICE AREA 6 – SOUTH COMMUNITY FORUMS

CONDUCTED FOR THE MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION PLAN
IN LOS ANGELES COUNTY

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We greatly appreciate the assistance we received from the LACDMH PEI staff, the Service Area Advisory Committees, and the Community Forum Coordinators in coordinating the forums. We also extend special thanks to all the community forum participants for taking the time to engage in the community forums and for sharing with us their perspectives. The wealth of information provided during each of the breakout session discussions was invaluable to the formation of this report.

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I. OVERVIEW

The Los Angeles County Department of Mental Health (LACDMH) is engaged in an intensive, inclusive, and multi-faceted approach to developing the County's Prevention and Early Intervention (PEI) Plan to be funded through the Mental Health Services Act (MHSA) enacted by California voters in 2004.

The focus for developing the PEI Plan is at the Service Area level, utilizing informational meetings, key individual interviews, focus groups, and community forums in each of the eight geographic areas of Los Angeles County. Because each Service Area has distinct and varying populations, geography, and resources, it is critical for PEI services to be specific and responsive to regional and community-based needs.

PURPOSE. The community forums presented an exciting opportunity for community participants to make recommendations regarding priority populations and strategies for their communities that will help keep community members healthy.

This report presents the findings from the two Community Forums conducted in Service Area 6 – Central. The purpose of the Community Forums was:

1. To introduce participants to the Department of Mental Health's Prevention and Early Prevention planning efforts.
2. To summarize what was learned from existing research, other community residents and service providers in this service area about needs, barriers and strategies for providing quality prevention and early intervention mental health services, and
3. To hear suggestions for where and to whom Prevention and Early Intervention services should be provided.

OUTCOMES. The Community Forums had two specific outcomes:

1. To identify the specific priority populations to be served in this service area.
2. To develop recommendations for strategies to serve these priority populations.

II. COMMUNITY FORUM METHODOLOGY

The community forums were designed to provide community members an additional opportunity to provide their input regarding priorities and strategies for addressing the six MHSA priority populations. With one exception (i.e., Service Area 1), a total of two community forums were held in each service area, for a total of 15 service area community forums. In addition, one countywide forum was held that focused on specific populations. Each community forum was organized around age- and language-specific breakout sessions/groups for which community members registered in advance. Each service area community forum followed the same format and procedures.

PARTICIPANTS. Participants were community members interested in taking part in a discussion about the mental health service strategies that would most effectively address the mental health needs in their communities.

- Each Service Area Advisory Committee conducted a concerted outreach effort to educate the public about the MHSA and the PEI planning process. Outreach efforts also placed a large emphasis on encouraging community members to attend the community forums and provide their ideas and suggestions on effective ways to improve the social and emotional well-being of people in their communities.

- When interested community members registered to attend the community forum in their Service Area, they also elected to participate in one of the following five age-specific breakouts: 1) Children 0 to 5 years; 2) Children 6 to 15 years; 3) Transition-Age Youth, 16 to 25 years; 4) Adults 26 to 59 years; and, 5) Older Adults 60 years or older. Additional language-specific breakout sessions were conducted as needed. Each breakout session was comprised of no more than 35 participants.

- A total of 281 community members attended the two community forums held in Service Area 6 and represented a diverse array of community sectors. Of the 281 participants, 26 percent represented mental health providers, 22 percent represented consumers, 21 percent represented underserved, and 14 percent represented social services. Between 1 and 8 percent represented community family resource centers (8%), education (7%), health (7%), parents and families of consumers (6%), law enforcement (2%), and the media (1%). Thirteen percent of participants did not indicate which sector they represented.

- A total of 14 age- and language-specific breakout sessions were held across the two community forums conducted in Service Area 6. A breakdown of the number of community participants in each breakout session/group by community forum is presented in Table 1.

Table 1.
Community Forum Attendance by Location and Breakout Group

Location	Children 0 to 5	Children 6 to 15	Transition-Age Youth 16-25	Adults 26-59	Older Adults 60+	Adults & Older Adults 26-60+	Spanish	Total
Radisson Hotel, Los Angeles	24	28	24	31	9		21	137
			32	26				58
Southwest College, Los Angeles	5	16	16			20	4	61
			25					25
Total by Group	29	44	97	57	9	20	25	281

FORMAT. The community forums were organized and conducted in the same manner based on a three-hour or three-hour and fifteen minute time period. One of the two community forums in each Service Area was conducted on a weekday and the other on a Saturday, and took place either in the morning or in the late afternoon/early evening. Translators were available for mono-lingual speakers of various languages. The agenda at the forums included: 1) A welcome from the Service Area District Chief; 2) An introduction to the MHSA and prevention and early intervention Plan; 3) The results of the LACDMH needs assessment conducted in each area in terms of key indicators, key individual interview findings, and focus group findings; 4) Age- and language-specific breakout group discussions; 5) Key findings from breakout sessions/groups to all participants; and, 6) Final thoughts and acknowledgements from the District Chief and LACDMH staff.

BREAKOUT GROUPS. The age- and language-specific breakout sessions/groups were conducted by facilitators representing LACDMH as a neutral third-party. Each breakout session/group was conducted by a team of two staff members from Walter R. McDonald & Associates, Inc. (WRMA) and their subcontractors, EvalCorp Research & Consulting, Inc. and Laura Valles and Associates, LLC. One team member facilitated the breakout session/group, while another served as scribe and recorded participants' responses on flip charts, which participants could refer to throughout the discussion. The emphasis of the breakout groups was on identifying the top priority populations to be served in the service area and the appropriate strategies for the community.

III. SERVICE AREA 6 SUMMARY

Two community forums were held in Service Area 6 – South. The first was held on November 5, 2008 from 9:00 am to 12:00 pm at the Radisson Hotel Midtown at USC in Los Angeles, and the second one was held on November 8, 2008 from 10:00 am to 1:00 pm at the Los Angeles Southwest College in Los Angeles.

A total of 14 age- and language-specific breakout sessions/groups were conducted in Service Area 6; of them, twelve were age-specific and represented the five CDMH age categories. The age-specific breakout groups were two groups representing Children 0-5; two groups representing Children 6-15; four groups representing Transition-age Youth (TAY), 16-25; two groups representing Adults, 26-59; one group representing Older Adults, 60 plus; and one group representing Adults and Older Adults combined. Two additional groups were Spanish-language. It is important to note that within each of the language-specific breakout groups, participants were asked to prioritize two of the five age categories, as well as to prioritize one priority population under each age category. In Table 2, each priority population selected by an age-specific breakout group is indicated by a check mark (✓). A denotation of "S" in the table indicates the priorities specified by the Spanish-language breakout sessions/groups.

Table 2.
Summary of Breakout Groups' Priority Selections
Numbers in parentheses indicate the number of participants in the breakout group and the number of votes

AGE GROUP	PRIORITY POPULATION	PRIORITY STRATEGY
Children 0-5 Years		
November 5, 2008 Los Angeles, CA (24)	1. Children/Youth in Stressed Families (10)	Therapeutic daycare and high-quality child development services
	2. Trauma Exposed (8)	Parent-child therapy
November 8, 2008 Los Angeles, CA (5)	1. Children/Youth in Stressed Families (4 after tie-breaker vote taken)	Train social workers, child welfare workers, visiting nurses, and mental health providers to improve communication, service delivery and assistance.
	2. Trauma Exposed (5)	Provide early and accurate diagnosis of mental health issues with a comprehensive and appropriate service plan for children and families.
Children 6-15 Years		
November 5, 2008 Los Angeles, CA (28)	1. Children/Youth in Stressed Families (13)	Create stronger partnerships with schools where both parents and teachers receive increased training on how to recognize/identify mental health issues and address them through a multi-disciplinarian approach under non-stressed conditions

AGE GROUP	PRIORITY POPULATION	PRIORITY STRATEGY
	2. Underserved Cultural Populations (5)	Provide mental health services where the population resides by linking them to and developing relationships with schools, churches, community clinics, community centers and the police
November 8, 2008 Los Angeles, CA (16)	1. Trauma Exposed (9 after tie-breaker vote taken)	Outreach workers (possible professionals or community Promatoras) used to build relationships with families and educate them on mental health
	2. Children/Youth in Stressed Families (6 after tie-breaker vote taken)	Education and training for teachers, families and children
Transition Age Youth 16-25 Years		
November 5, 2008 Los Angeles, CA (24)	1. Children/Youth in Stressed Families (11)	Reframe issue of mental health in language and methods that reach young people
	2. Underserved Cultural Populations (6)	Youth driven programming and environment
November 8, 2008 Los Angeles, CA Group #1 (16)	1. Children/Youth at risk for School Failure (8)	Supports in schools that use peer-to-peer approach, including mentoring and issue-specific clubs
	2. Children/Youth in stressed Families (2)	Education and training for parents and youth to identify and address mental health
November 8, 2008 Los Angeles, CA Group #2 (25)	3. Children/Youth in Stressed Families (9)	Create community based safe havens and local services that are community driven and supported
	4. Children/Youth at risk for School Failure (8)	Provide traditional and non-traditional campus based mental health services with case management that include fun, culturally specific activities for youth
Adults 26-59 Years		
November 5, 2008 Los Angeles, CA Group #1 (31)	1. Underserved Cultural Populations (11)	Increased outreach, education, and awareness about mental health to be done in the community, churches, and on the streets, including more resource directories and public relations/advertising of services done via television in linguistically and culturally-specific ways
	2. Individuals Experiencing Onset of Psychiatric Illness (7)	More comprehensive, wrap-around services that include a one-stop shop model, screenings in non-clinical settings, more accurate diagnoses, improved follow-up care, monitoring of medications, a uniform tracking system, family and parent supports, and smaller case loads
November 5, 2008 Los Angeles, CA	1. Underserved Cultural Populations (19)	Community-based/place-based services such as peer advocates, partnerships with community based organizations and the faith community

AGE GROUP	PRIORITY POPULATION	PRIORITY STRATEGY
Group #2 (26)	2. Trauma Exposed (5)	One stop-shopping based community that is a safe haven and confidential where you can get information, education and incentives for positive social participation in activities
November 8, 2008 Los Angeles, CA (Adult and Older Adult Groups combined) (20)	1. Underserved Cultural Populations (13)	Decentralize and relocate services directly to community
	2. Individuals Experiencing Onset of Serious Psychiatric Illness (3)	Increase community education and awareness
Older Adults 60+ Years		
November 5, 2008 Los Angeles, CA (9)	1. Underserved Cultural Populations (3)	Training for professionals that included sensitivity to the sixty and over age group, listening and communication skills, and foreign language trainings
	2. Individuals Experiencing Onset of Serious Psychiatric Illness (3)	Training professionals to improve listening and communication skills, increase the level of respect demonstrated to clients and stop stereo typing
November 8, 2008 (Group combined with Adults due to low Older Adult registration (3))		
Spanish-Speaking Group		
November 5, 2008 Los Angeles, CA (21)	Adults-Ages 26-59 (9)	
	1. Children/Youth in Stressed Families (9)	Support the recruitment and hiring of mental health professionals that speak Spanish and provide their services in a variety of community friendly, not clinical, settings
	Children-Ages 6-15 (6)	
	1. Children/Youth at Risk of School Failure (8)	DMH launch a school based campaign that informs students about emotional wellness, promotes positive outlooks and behaviors and provides training and activities on leadership and community organizing
November 8, 2008 Los Angeles, CA (4)	Children-Ages 6-15 -Ages (3)	
	1. Underserved Cultural Populations (2)	Parenting classes that focus on self-esteem and the developmental stages and challenges of an adolescent. Classes to be facilitated at schools, parks, and community centers. Classes to be culturally and linguistically sensitive with no access criteria
	TAY-Ages 16-25 (1)	
	1. Children/Youth at Risk for School Failure (2)	Peer advocacy training for youth. Youth to be trained on mental health issues, patient's rights, and advocacy. Trainers to be paid for their work in the community

IV. TOP PRIORITY POPULATIONS SELECTED

After the facilitator introduced all the participants to the goals and focus of the breakout session/group, each participant was asked to vote on one of the six MHSA-identified priority populations. Given the limited PEI resources, LACDMH requested the participants' assistance to identify which populations within a specific age group needs to be a priority for the provision of PEI services and supports. Table 3 shows the top two priority populations selected in each age category in Service Area 6.

In Table 3, each priority population selected by an age-specific breakout group is indicated by a check mark (✓). A denotation of "S" in the table indicates the priorities specified by the Spanish-language breakout sessions/groups.

Table 3.
Top Two Priority Populations by Age Group

Priority Populations	Children, 0 to 5	Children, 6 to 15	Transition-Age Youth, 16 to 25	Adults, 26 to 59	Older Adults, 60+	Adults & Older Adults 26-60+
Underserved cultural populations		✓S	✓✓	✓✓	✓	✓
Individuals experiencing onset of serious psychiatric illness				✓	✓	✓
Children and youth in stressed families	✓✓	✓✓	✓✓✓✓	S		
Trauma-exposed	✓✓	✓		✓		
Children at risk for school failure		S	✓✓S			
Children/youth at risk of or experiencing juvenile justice involvement						

The two sessions/groups representing Children 0 to 5 both selected Children and youth in stressed families and Trauma-exposed. The two sessions/groups representing Children 6 to 15 selected Underserved cultural populations, Children and youth in stressed families and Trauma-exposed individuals as their top priorities. The four sessions/groups representing Transition-Age Youth (16-25) selected Underserved cultural populations, Children and youth in stressed families and Children at risk for school failure as their top priority populations. The two sessions/groups representing Adults (26-59) voted for Underserved cultural

populations, Individuals experiencing the onset of serious psychiatric illness and Trauma-exposed individuals as their top priority populations. Lastly, both the session/group representing Older Adults (60+) and the session/group representing a combination of Adults (26-59) and Older Adults (60 plus) chose Underserved cultural populations and Individuals experiencing the onset of serious psychiatric illness.

Participants attending the two Spanish-language sessions/groups identified the following priorities: Children 6-15 (Underserved cultural populations and Children and youth at risk for school failure); Transition-Age Youth (Children at risk for school failure); and Adults 26-59 (Children and youth in stressed families).

V. AGE GROUP RECOMMENDATIONS

The recommendations that emerged from the top priority populations selected in the breakout sessions/groups are presented below. Once each group had selected the top priority populations, they were asked to drill deeper and list the sub-populations that fell under each priority population.

Participants also were asked to identify strategies for addressing the mental health needs of the priority populations selected. At the end of the discussion, the strategies were consolidated and each participant was given an opportunity to vote for one strategy under each priority population. This section presents the top two to three strategies that emerged from those discussions, as well as the sub-populations cited for each population by age group.

CHILDREN, 0-5 YEARS

PRIORITY POPULATIONS. Two age-specific breakout sessions/groups were conducted representing Children 0 to 5. These two groups representing Children 0 to 5 identified two priority populations. Table 4 shows the distribution of groups by priority population and the number of participants in the groups who voted for the top priority populations representing Children 0 to 5. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups representing each priority population.

Table 4. Percentage of Participants Who Selected the Top Priority Populations for Children, 0 to 5

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Children and youth in stressed families	2	14	29	48%
Trauma-exposed	2	13*	29	45%

* All participants in one group initially voted for Children and youth in stressed families as the top priority population. When asked to vote again for the second priority population, all participants in the group voted for Trauma-exposed individuals.

SUB-POPULATIONS. Table 5 displays how participants defined the sub-populations for Children and youth in stressed families and Children and Trauma-exposed individuals.

Table 5. Priority Population Sub-populations: Children, 0 to 5

Priority Populations	Sub-populations	
	Group 1 (N=24)	Group 2 (N=5)
Children and Youth in Stressed Families	• Children in families experiencing chronic homelessness. • Children of veterans or parents who have experienced war. • Impoverished children/families. • Children in newly immigrated families. • Children of incarcerated family members. • Children in families with substance abuse, domestic violence, and/or gang involvement. • Teen parent families. • Children raised by grandparents. • Children in families with limited health care access.	• Pregnant mothers without adequate pre-natal support. • Children with parents/family members involved with juvenile justice. • Children in families with generational mental health issues. • Children/families involved in the child welfare system whose mental health issues have not been diagnosed or addressed. • African American and Hispanic children/families that are disproportionately represented in the Child Welfare system. • Children/families that live in areas with high rates of substance abuse and crime.
	Group 1 (N=24)	Group 2 (N=5)
Trauma-exposed	• Children of incarcerated family members. • Families dealing with abuse and/or violence (i.e., child abuse, domestic violence, incest, gang violence). • Children in families experiencing extreme poverty and/or chronic homelessness. • Children exposed to substance abuse within their family. • Children exposed to death, such as the families of homicide victims. • Children/families with post-traumatic stress disorder. • Children in foster care traumatized by multiple placements and/or removal experience.	• Abused and neglected children. • Children who have been removed from home of parent or caregiver. • Medically fragile children. • Children living in poverty due to parental unemployment or underemployment. • Individuals who have been wrongfully accused of child abuse.

STRATEGIES. The two to three top strategies selected by the two breakout sessions/groups representing Children 0 to 5 are presented in Table 6.

Table 6. Top Strategies by Priority Population: Children, 0 to 5

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Children and Youth in Stressed Families	1 (N=24)	Provide therapeutic daycare and high quality child development services (n=8).	Provide early screening (n=6).	The following strategies tied for 3rd place: Use resources effectively. (n=3). Use a universal approach to prevention and early intervention (n=3).
	2 (N=5)	The following strategies tied for 1st place: Develop a coordinated approach to mental health between various governmental agencies (n=1). Develop a nurse visitation program for the first year of a child's life (n=1). Train social workers, child welfare workers, visiting nurses and mental health providers to improve communication, service delivery and assistance (n=1). Help parents and caregivers navigate the child welfare and mental health systems (n=1).	Not identified.	Not identified.
Trauma-exposed	1 (N=24)	Provide parent-child therapy (n=10).	Develop more universal strategies (n=6).	Expand existing and emerging programs (n=3).
	2 (N=5)	Provide an early and accurate diagnosis of mental health issues with a comprehensive and appropriate service plan for children and families (n=4).	Not identified.	Not identified.

CHILDREN, 6 TO 15 YEARS

PRIORITY POPULATIONS. Two breakout sessions/groups were conducted representing Children 6 to 15. In addition, Children 6 to 15 was selected as a priority age category in both of the Spanish-language breakout groups. These four groups representing Children 6 to 15 identified four priority populations: Trauma-exposed individuals, Children and youth in stressed families, Children and youth at risk for school failure and Underserved cultural populations.

Table 7 shows the distribution of groups by priority population and the number of participants in the groups who voted for the priority populations representing Children 6 to 15. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups electing the respective priority populations.

Table 7. Percentage of Participants Who Selected the Top Priority Populations for Children, 6 to 15

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Trauma-exposed	1	9	16	56%
Children and youth in stressed families	2	19	44	43%
Children and youth at risk for school failure	1	8	21	38%
Underserved cultural populations	2	7	32	22%

SUB-POPULATIONS. Table 8 displays the sub-populations for Trauma-exposed individuals, Children and youth in stressed families, Children and youth at risk for school failure, and Underserved cultural populations that were identified by the participants representing Children, 6 to 15.

Table 8. Priority Population Sub-populations: Children, 6 to 15

Priority Populations	Sub-populations	
	Group 2 (N=16)	
Trauma-exposed	• Homeless children/families. • Children attending failing schools. • Neglected children, and/or children removed from their homes. • Children in communities with domestic violence, child abuse, police brutality and/or gang, racial or community violence. • Children in immigrant families. • Parents, teachers, and or caregivers of trauma-exposed children.	
	Group 1 (N=28)	Group 2 (N=16)
Children and Youth in Stressed Families	• Children of teen parent, single parent, and/or multi-generational households. • Children in out of home placement or kinship care. • Children exposed to violence in the home and community. • Children in homes with economic hardships, lack of access to medical services, limited parental education and/or lack of knowledge of and access to educational resources. • Children with undocumented parents/relatives and/or from linguistically and culturally diverse families. • Children in homes with alcohol/substance abuse, mental illness, chronic medical illness and/or physical disability. • Children with learning disabilities.	• Children at risk of school failure due to suspension, transfers, and/or frequent changes in schools. • Children in families with unemployment and/or housing issues. • Children who experience child abuse, domestic violence, gang violence, and/or community violence. • Children who go in and out of placement. • Children with a family member who is gang-involved or incarcerated. • Children with undiagnosed Autism Spectrum Disorder who are incarcerated in the juvenile justice system. • Emotionally disturbed children. • Mono-lingual Spanish speakers. • Children in immigrated families experiencing acculturation issues. • Children who live in under-represented communities; especially African-Americans who suffer trauma related to racism and the slave experience. • Children or youth living in homes with teen pregnancy. • Children lacking support from peers, parents, and school.

Table 8. Priority Population Sub-populations: Children, 6 to 15

Priority Populations	Sub-populations
	Group S (N=21)
Children at risk for School Failure	• Truant children and youth. • Children and youth who are victims of child abuse and/or left without supervision for long periods of time. • Children and youth in special education programs, especially those with learning disabilities. • Children and youth with low self esteem. • Children and youth involved in gangs.

STRATEGIES. The two to three top strategies corresponding to the priority populations listed above and representing four breakout groups advocating for Children 6 to 15 are presented in Table 9.

Table 9. Top Strategies by Priority Population: Children, 6 to 15

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Trauma-exposed	2 (N=16)	Use outreach workers (professionals or Promotoras) to build relationships with families and educate them on mental health (n=7).	Train and educate parents on mental health symptoms and possible supports/ treatments (n=6).	Create culturally appropriate afterschool programs for children and youth that incorporate wellness and mental health (n=3).
Children and Youth in Stressed Families	1 (N=28)	Partner with schools to train parents and teachers on identifying mental health issues and addressing them through a multidisciplinary approach under non-stressed conditions (n=11).	Provide education and create awareness for providers and parents about various kinship caregivers (n=5).	Increase the number of agencies that provide immediate response to trauma, increase funding/Medi-Cal for services, and decrease caseloads (n=3).
	2 (N=16)	Educate and train teachers, families and children (n=6).	Provide PEI support to children placed in care of relatives (n=5).	Provide outreach to increase awareness among community health workers and others (n=3).
Children and Youth at risk for School Failure	S (N=21)	Launch a school-based campaign to inform students about emotional wellness, promote positive outlooks and behaviors, and provide training and activities on leadership and community organizing (n=11).	Not identified.	Not identified.
Underserved Cultural Populations	1 (N=28)	Provide mental health services where the population resides by linking them to and developing relationships with schools, churches, community clinics, community centers and the police (n=17).	Increase communication by offering incentives for Spanish speaking families to learn English and incentives for English speaking providers to learn Spanish (n=3).	Partner with elected officials to open more clinics and increase available services (n=1).
	S (N=4)	Provide culturally and linguistically sensitive parenting classes that focus on self-esteem, developmental stages and challenges of adolescents. Classes to be facilitated at schools, parks and community centers with no access criteria (n=3).	Provide cultural programs and extracurricular classes at schools to help children/youth strengthen their ethnic identity (e.g., art, music, dance classes) (n=1).	N/A

	Group 1 (N=28)	Group S (N=4)
Underserved Cultural Populations	• Children from Hispanic, African American, Asian, Samoan families; especially those from monolingual non-English speaking families. • Children from undocumented families. • Children from Lesbian/Gay/Bisexual and Transgender (LGBT) population. • Children with kinship care providers. • Children with families/caregivers who lack access to mental health resources.	• Children and youth in foster homes. • Children and youth with mental and learning disorders (i.e., ADHD). • Children and youth with identity problems, low self-esteem, and in need of acceptance. • Runaway children and youth.

TRANSITION-AGE YOUTH, 16 TO 25 YEARS

PRIORITY POPULATIONS. Four age-specific breakout groups were conducted representing Transition-Age Youth. In addition, one Spanish-language group selected Transition-Age Youth as a priority age category. Table 10 displays the distribution of the five breakout groups by priority population, as well as the number of participants in the groups who voted for the priority populations most important for Transition-Age Youth. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups selecting each priority population.

Table 10. Percentage of Participants Who Selected the Top Priority Populations for Transition-Age Youth, 16 to 25

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Children and youth in stressed families	4	41	97	42%
Children and youth at risk for school failure	3	18	45	40%
Underserved cultural populations	2	12	56	21%

SUB-POPULATIONS. Table 11 displays the sub-populations for the three priority populations identified above by participants representing Transition-Age Youth.

Table 11. Priority Population Sub-populations: Transition-Age Youth, 16 to 25

Priority Populations	Sub-populations		
	Group 3 (N=16)	Group 4 (N=25)	Group S (N=4)
Children and Youth at risk for School Failure	• Youth in low socioeconomic areas, inner city public schools, and/or without proper textbooks. • Physically and mentally abused youth. • Youth who are suspended, truant, or drop-out. • TAY with special needs, and/or ADHD. • High school students funneled into special education due to behavioral issues. • Youth with low esteem, lack of parental and teacher support, not engaged in the classroom. • Youth at risk for gang involvement. • Youth with a "parental" role in household (i.e., providing income or care to family members). • Children of illiterate parents. • Youth in single parent households. • Latch-key youth. • TAY experiencing bullying.	• TAY with unsupportive/uninvolved parents. • Youth with high school absentee rates. • TAY who did not receive adequate primary education to prepare for high school. • Youth exposed to bullying. • TAY without adequate "identity" education, or who have shut down emotionally. • TAY in schools with poor conditions (i.e., overcrowding in classrooms, unqualified teachers, violence, lack of resources). • TAY in communities where there is a lack of trust for law enforcement.	• Gang members. • School drop-outs. • TAY disinterested in school due to outdated class/course materials. • TAY living under the poverty level. • Undocumented youth who would like to enter college.

	Group 1 (N=24)	Group 2 (N=32)	Group 3 (N=16)	Group 4 (N=25)
Children and Youth in Stressed Families	• Youth with mental illness. • Youth emancipating from foster care. • First time offenders and/or youth on probation. • Immigrant, transitional age youth who experience language access issues and cultural/generational differences with their parents. • Youth living in multi-generational	• TAY in families with lack of parental involvement, and/or positive reinforcement. • Youth in families with violence, gang involvement, and/or incarcerated family members. • TAY in impoverished families, lacking health care. • TAY in families who are homeless or with unstable	• Parentified youth due to parental work or drug use. • Pregnant TAY who lack support from parents or the baby's father. • Youth placed in out of home care (i.e., foster care, group homes, relative caregivers). • Youth exposed to domestic violence, drug abuse, and mental illness in their home.	• TAY in homeless and/or impoverished families, lacking heath care coverage. • TAY in African-American and Latino families. • TAY in foster care system or kinship care. • Teen parents and/or single-parent families. • Incarcerated youth returning into

Table 11. Priority Population Sub-populations: Transition-Age Youth, 16 to 25

Priority Populations	Sub-populations			
	families, especially grandparents raising grandkids. • TAY in families in with mental illness, violence, and/or financial crisis. • Youth in single parent families. • TAY in continuation schools.	housing. • TAY in families with physical and verbal abuse, and /or substance abuse. • Single-parent families. • TAY living with community violence.	• Youth who are prostitutes or victims of sexual abuse who become pregnant. • TAY in families in financial crisis. • TAY from Latin and Central American countries suffering from PTSD.	the community. • TAY in homes where parent is mentally ill, substance abusing and/or incarcerated. • Youth exposed to violence (e.g., sexual abuse, domestic violence, community/gang violence).
	Group 1 (N=24)		Group 2 (N=32)	
Underserved Cultural Populations	• Latino TAY who may have high need and limited access. • TAY in African community, such as Ethiopians, who are unfamiliar with services. • All immigrant communities as they may experience cultural stress. • Teenage/young mothers. • Students in continuation schools.		• Limited/non-English speaking individuals (Spanish, Korean, Filipino, Vietnamese). • Caribbean Blacks and African-American males. • Undocumented or recent immigrants who do not qualify for Medi-Cal. • Trauma-exposed African-American and Latino youth recently released from camps or foster-care. • Inner-city high school students. • LGBTQ youth. • Substance and alcohol abusing youth. • TAY living with domestic violence, community, or gang violence. • Pregnant and parenting teens. • Homeless, runaway youth. • Youth emancipating out of the system.	

Strategies by Priority Population. The two to three top strategies corresponding to the priority populations listed above and representing groups advocating for Transition-Age Youth are presented in Table 12.

Table 12. Top Strategies by Priority Population: Transition-Age Youth, 16-25

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Children and Youth in Stressed Families	1 (N=24)	Reframe issue of mental health in language and methods that reach young people (n=12).	The following strategies tied for 2nd place: Create positive spaces and activities for young people (n=2). Increase access (n=2).	
	2 (N=32)	Use comprehensive, collaborative approaches to reach populations, involving faith, school, multi-service centers, recreational centers, and gang prevention programs to target mental health needs/stressors (n=16).	Deliver home- and community-based services where the clients are located (n=5).	Review and/or amend eligibility criteria for youth and their families to increase access to services (n=3).
	3 (N=16)	Use broad community organizing to address community stressors (n=6).	Educate and train parents and youth to identify and address mental health issues (n=5).	The following strategies tied for 3rd place: Use comprehensive resource centers with extended hours (n=2). Provide mandatory sex education courses (n=2).
	4 (N=25)	Create community-based safe havens and local services that are community driven and supported (n=9).	Create/promote open door community-based models of mental health services, with mental health providers in community health centers (n=8).	The following strategies tied for 3rd place: Increase collaboration between community, government and law enforcement agencies (n=3). Offer peer-to-peer based services, support groups, and counseling models, using youth and adult peers (n=3).

Table 12. Top Strategies by Priority Population: Transition-Age Youth, 16-25

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Children and Youth at risk for School Failure	3 (N=16)	Provide supports in schools that use a peer-to-peer approach, including mentoring and issue-specific clubs (n=10).	Provide programs and services with extended hours and weekend access for the whole family (n=4).	The following strategies tied for 3rd place: Provide mandatory mental health screening for all youth (n=1). Provide broad outreach/ education in non-mental health settings (n=1).
	4 (N=25)	Provide traditional and nontraditional campus- based mental health services with case management that include fun, culturally-specific activities for youth (n=17).	Provide and integrate into educational curricula youth-specific wellness activities that would increase awareness of existing services and mental health signs as well as address conflict/coping skills (n=7).	Provide modular, collaborative mental health services between compulsory and community colleges (n=1).
	S (N=4)	Provide peer advocacy training for youth on mental health issues, patient's rights, and advocacy. Trainers to be paid for their work in the community (n=3).	Train teachers and school personnel on mental health disorders so that they will treat students who have a mental illness with empathy and respect (n=1).	N/A
Underserved Cultural Populations	1 (N=24)	Create youth driven environments and programming (n=6).	Use existing facilities, such as churches, schools, and the internet (n=5).	The following strategies tied for 3rd place: Assess and meet family needs (2). Use peer and adult mentors or providers with shared experiences (e.g., mental illness, cultural background) (n=2).
	2 (N=32)	Develop programs/outreach for specific populations such as homeless, runaway, sex workers, and youth with disabilities (n=9).	Integrate mental health strategies into existing systems and programs such as substance abuse, independent living, community re-entry, and faith (n=8).	Utilize community volunteer approaches such as mentoring and peer-to-peer support (n=5).

ADULTS, 26 TO 59 YEARS

PRIORITY POPULATIONS. Two breakout groups were conducted representing Adults. A third Adult breakout group was combined with an Older Adult breakout group and is reported on separately. In addition, Adults was selected as a priority age category in one of the Spanish-language breakout groups. These three groups representing Adults 26 to 59 identified four priority populations: Underserved cultural populations, Children and youth in stressed families, Individuals experiencing onset of serious psychiatric illness, and Trauma-exposed individuals. Table 13 shows the number of participants who voted for the priority populations selected in relation to the total number of participants in the three Adults breakout groups. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups selecting each priority population.

Table 13. Percentage of Participants Who Selected the Top Priority Populations for Adults, 26 to 59

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Underserved cultural populations	2	30	57	53%
Children and youth in stressed families	1	9	21	43%
Individuals experiencing onset of serious psychiatric illness	1	7	31	23%
Trauma-exposed	1	5	26	19%

SUB-POPULATIONS. Table 14 displays the Adults sub-populations for the four priority populations identified above.

Table 14. Priority Population Sub-populations: Adults

Priority Populations	Sub-populations	
	Group 1 (N=31)	Group 2 (N=26)
Underserved Cultural Populations	• Homeless, and adults dumped from mental health system onto skid row. • Adults with undiagnosed mental illnesses. • Latinos, African-Americans, Asians, and new immigrants not aware of mental illnesses and/or not seeking services due to stigma. • Undocumented and non-English speaking adults with stigma, fear, and language barriers to accessing services. • Ex-offenders, incarcerated individuals, and those coming out of prison with mental illness. • Adults over-medicated, under-medicated, and addicted to medication. • Veterans.	• Homeless. • Hispanic, and African American adults. • Veterans. • Ineligible, uninsured and underinsured adults. • Adults coming out of transitional housing, jail, rehab, or other institutions. • Adults with autism. • Adults with schizophrenia. • GLBTQ adults.
	Group S (N=21)	
Children and Youth in Stressed Families	• Families living in inadequate and unsafe housing. • Families with young people involved in gangs. • Families living in poverty. • Families living with substance abuse and child abuse. • Immigrant families especially those that are recently arrived or undocumented.	
	Group 1 (N=31)	
Individuals Experiencing Onset of Serious Psychiatric Illness	• Veterans coming home from Iraq or adults with Post Traumatic Stress Disorder (PTSD). • Homeless. • Adults with paranoid schizophrenia and bipolar disorders that cannot access services. • Dually diagnosed and/or disabled individuals. • Abused mentally ill adults.	

Table 14. Priority Population Sub-populations: Adults

Priority Populations	Sub-populations
	• Immigrants experiencing difficulty acculturating. • Adults experiencing first psychotic break. • Drug users. • Adults with limited resources and access to services (i.e., health care, transportation).
	Group 2 (N=26)
Trauma-exposed	• Homeless. • Adults living with domestic violence and/or community violence. • Adults experiencing racial prejudice/discrimination. • Trauma-exposed adults such as those molested or sexually abused. • Veterans with Post Traumatic Stress Disorder (PTSD). • Adults with newly diagnosed chronic/terminal illness.

STRATEGIES. The two to three top strategies corresponding to the priority populations listed above and representing one group advocating for Adults are presented in Table 15.

Table 15. Top Strategies by Priority Population: Adults, 26 to 59

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Underserved Cultural Populations	1 (N=31)	Increase outreach, education, and awareness about mental health to be done in the community, churches, and on the streets, including more resource directories and public relations/advertising of services done via television in linguistically- and culturally-specific ways (n=14).	Increase community-based mental health services, including culturally-competent staff, mobile response units, and low-cost services (n=6).	Provide better assessment/screening services to help individuals get the services they need (n=4).
	2 (N=26)	Develop community-based services such as peer advocates and partnerships with community- and faith- based organizations (n=21).	Increase outreach and education to mental health and non-mental health providers, community leaders, and community organizations on symptoms, cultural sensitivity, and relational skills (n=5).	N/A
Children and Youth in Stressed Families	S (N=21)	Support the recruitment and hiring of mental health professionals who speak Spanish, and provide their services in a variety of community friendly, non-clinical settings (n=6).	Not identified.	Not identified.
Individuals Experiencing the Onset of Serious Psychiatric Illness	1 (N=31)	Increase comprehensive, wrap-around services that include a one-stop shop model, screenings in non-clinical settings, more accurate diagnoses, improved follow-up care, monitoring of medications, a uniform tracking system, family and parent supports, and smaller case loads (n=17).	Increased outreach and education to high-risk individuals such as teen parents and substance abusers (n=4).	Provide non-traditional/spiritual services, including breathing exercises, meditation and natural remedies (n=3).
Trauma-exposed	2 (N=26)	Develop a one-stop, community-based service that is a safe haven and provides education and incentives for positive social participation in activities (n=14).	Use an outreach campaign to educate general public about how environmental violence and trauma impact community health in order to increase self-awareness of trauma-exposed community members (n=12).	N/A

OLDER ADULTS, 60+ YEARS

PRIORITY POPULATIONS. One breakout group was conducted representing Older Adults. A second Older Adult breakout group was combined with an Adult breakout group and is reported on separately. Table 16 shows the number of participants who voted for the priority populations selected in relation to the total number of participants in the one Older Adults breakout group. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups selecting each priority population.

Table 16. Percentage of Participants Who Selected the Top Priority Populations for Older Adults, 60 Plus

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Underserved cultural populations	1	3*	9	33%
Individuals experiencing onset of serious psychiatric illness	1	3*	9	33%
Trauma-exposed	1	3*	9	33%

* Due to a three-way tie for the first priority population, the group decided to prioritize three populations.

Sub-populations. Table 17 displays the Older Adults sub-populations for the three priority populations identified above.

Table 17. Priority Population Sub-populations: Older Adults, 60 Plus

Priority Populations	Sub-populations
	Group 1 (N=9)
Underserved Cultural Populations	• African American, Latinos and Samoans. • Population in the Lynnwood, Watts, Baldwin Hills, Baldwin Hills South, Crenshaw, and Compton areas. • Older adults isolated in their homes without transportation.
	Group 1 (N=9)
Individuals Experiencing Onset of Serious Psychiatric Illness	• Older adults suffering a breakdown after losing a loved one and experiencing grief. • Individuals with Dementia or Alzheimer's. • Older adults with deteriorating health and loss of independence. • Individuals with drug abuse issues and depression. • Older adults experiencing homelessness, financial/income changes, and/or injuries that result in loss of employment and income. • Older adults with an increase in family responsibility, such as caring for grandchildren. • Victims of violence, elder abuse, and/or sexual abuse.
	Group 1 (N=9)
Trauma-exposed	• Older adults impacted by gang and community violence. • Victims being abused or taken advantage of by a caretaker or family member. • Older adults experiencing economic instability, especially related to current economy. • Older adults experiencing grief over loss of a loved one, divorce, abandonment, etc. • Older adults with loved ones who are prisoners of war or have been injured in combat. • Older adults with family members incarcerated or in juvenile justice system. • Older adults suffering from loss of hearing, sight, memory and/or physical well being.

STRATEGIES. The two to three top strategies corresponding to the priority populations selected by the participants in the Older Adults breakout group are presented in Table 18.

Table 18. Top Strategies by Priority Population: Older Adults, 60 Plus

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Underserved Cultural Populations	1 (N=9)	Train professionals regarding sensitivity to older adults, listening and communication skills, and foreign languages (n=3).	Improve linkages between mental health providers and other social service providers, including Social Security Administration, and law enforcement to identify substance abuse and need for HIV/AIDS services (n=3).	Improve access to services which includes in-home services, one-on-one services, recreational activities, transportation to services, outreach for services available, and hearing and sight assistance for services (n=1).
Individuals Experiencing Onset of Serious Psychiatric Illness	1 (N=9)	Train professionals to improve listening and communication skills, reduce discrimination, and increase respect for clients. (n=4).	Provide activities and education for older adults and their families, including mental health education, family gatherings, and assistance to organize their care and services (n=3).	Not identified.
Trauma-Exposed	1 (N=9)	Provide individual and group support systems, including mental health advocates, support groups, and education on coping skills to individuals and groups (n=6).	Improve outreach and access to mental health services, including public service announcements, flyers, and transportation to services (n=1).	Not identified.

ADULTS, 26-59 AND OLDER ADULTS, 60+ YEARS COMBINED

PRIORITY POPULATIONS. Due to the a lower number of registrants into the Older Adult breakout session in the November 8th community forums, the Adults and Older Adults groups were combined into one breakout group. Table 19 shows the number of participants representing Adults and Older Adults who voted for the priority populations selected. The table also shows the relative weight among votes received between the two selected priority populations.

Table 19. Percentage of Participants Who Selected the Top Priority Populations for Adults and Older Adults Combined

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Underserved cultural populations	1	13	20	65%
Individuals experiencing the onset of serious psychiatric illness	1	3	20	15%

Strategies by Priority Population. The two to three top strategies corresponding to the priority populations elected by the participants in the combined Adults and Older Adults breakout group are presented in Table 20.

Table 20. Top Strategies by Priority Population: Adults and Older Adults Combined

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Underserved Cultural Populations	1 (N=20)	Decentralize and relocate services directly to community (n=5).	<u>The following strategies tied for 2nd place:</u> Provide culturally and linguistically competent services and information (n=4). Use faith-based partnerships and strategies (n=4). Integrate mental health strategies into other agencies (i.e., law enforcement) (n=4).	Not identified.
Individuals Experiencing the Onset of Serious Psychiatric Illness	1 (N=20)	Increase community education and awareness (n=7).	Increase collaboration and partnerships between agencies and organizations (n=6).	Normalize mental health and reducing stigma (n=4).

Sub-populations. Table 21 displays the priority population sub-populations identified by the combined Adults and Older Adults breakout session.

Table 21. Priority Population Sub-populations: Adults and Older Adults Combined

Priority Populations	Sub-populations
	Group 1 (N=20)
Underserved Cultural Populations	• African Americans, Latinos, undocumented immigrants and those in religious minorities. • Adults living with HIV and AIDS. • Homeless adults. • Lesbian, gay and transgender adults. • Adults dealing with substance abuse. • Parents of special needs children. • Adults incarcerated and transitioning out of the judicial system. • Adults with disabilities and their family members. • Adults dealing with violence, loss, and grief. • Older adults experiencing declining health, chronic illness and/or are socially isolated. • Older adults dealing with trauma, housing/economic issues, and abuse. • Immigrant adults and older adults with linguistic and cultural barriers to accessing services.
	Group 1 (N=20)
Individuals Experiencing the Onset of Serious Psychiatric Illness	• Adults dealing with family violence (sexual, physical, emotional). • Adults who have experienced child abuse and substance abuse as children. • Adults incarcerated or recently released. • Adults dealing with chronic depression. • Homeless adults who lack access to services and/or choose to not take their medication. • Adults who are newly diagnosed with HIV and/or AIDS. • Veterans dealing with post-traumatic stress disorder • Older adults experiencing declining health and/or chronic illness. • Adults and older adults who lack resources (i.e., financial, insurance, transportation).

VI. RECOMMENDATIONS FOR ADDITIONAL NEEDS OR POPULATIONS

At the end of the breakout session, participants were asked to identify any additional needs or populations that were not addressed during the discussion around priority population strategies. The suggestions offered are presented below by age and language groups.

ADDITIONAL NEEDS OR POPULATIONS	
Children (0 to 5)	• No additional needs were mentioned for this age group.
Children (6 to 15)	• Address the following service needs: o Help children and their families cope with the increasing occurrence of death. o Train LA County Probation Department and others in law enforcement to understand key mental health indicators.
Transition Age Youth (16-25)	• Address the following service needs: o Peer-counseling, support groups for family and at-risk kids. o Awareness of existing resources available to informal relative caregivers. o Outreach to TAY with substance abusing family members regarding community organizations such as Community Coalition and E.T.C. for support and leadership development. o Provide school-based dialogues facilitated by young adults emphasizing mental health awareness, cultural sensitivity, trauma, substance abuse, violence. o Ongoing grief counseling to students and their families. o Community health centers that integrate mental health with primary health care. o Resources at schools for students in need, such as calculators, school supplies, etc. o Career exploration/development classes in schools. o Ethnic studies curricula in schools to build racial unity. o Mental health centers with an open door policy and more bilingual Spanish counselors. o Educate youth to prevent teen pregnancy and STDs. o Peer mentoring programs that provide support to middle and high school students to deter gang involvement, such as Inner City Industries. o Educate and counsel youth on how to deal with interpersonal, romantic and familial relationships. • Address the needs of the following populations: o Provide programs for children and parents from primary Spanish-speaking households. o Broaden spectrum regarding income criteria for all gang related or at risk kids by not limiting access due to income bracket or type of household (i.e., family size or low income). o Youth in penal system. • Consider changing language/terminology due to stigma associated with “mental health.”
Adults (26-59)	• Address the needs of the following populations: o Disabled and mentally impaired adults. o Adults addicted to substances.

ADDITIONAL NEEDS OR POPULATIONS	
	o Gang members. o Immigrants seeking citizenship. o Gay and lesbian individuals. o Illiterate adults. o Adults with a history of mental illness that are involved in a crime and not treated, just medicated. • Address the following service needs: o Debt management and financial counseling. o Education and sensitivity training to law enforcement and legal system. o Outreach to perpetrators of violence. • Address abuse that occurs in mental health institutions.
Older Adults (60 Plus)	• Address the following service needs: o Brochures and meetings/community forums regarding mental health issues. o Services that treat the whole person, rather than compartmentalizing mental health separated from physical health and other factors of well-being. o Increased professionalism and evaluation of mental health staff. o More publicity, public service announcements about mental health issues. o Full array of in-home services. o More Peer Specialist positions, and peer support, learning and education. o More sharing of personal stories about experiences with mental health issues and use of services, to reduce the stigma.
Adults and Older Adults Combined	• Address the needs of adults who have recovered from trauma (i.e., death of loved one, violence).
Spanish-language Group	• Address the needs of the following populations: o Effective drug treatment programs for children and youth. o Additional services and programs for the adult population. o More supportive services for the older adult population. o Services/programs for the homeless population. • Publicly address alcoholism as a mental health problem by increasing the availability of services, including housing, for those suffering from alcoholism. • Address elder abuse and lack of support and respect towards older adults. • Hiring community residents to provide home visits to frail seniors would provide training and employment opportunities to needy residents and provide culturally competent home visitation services to older adults